

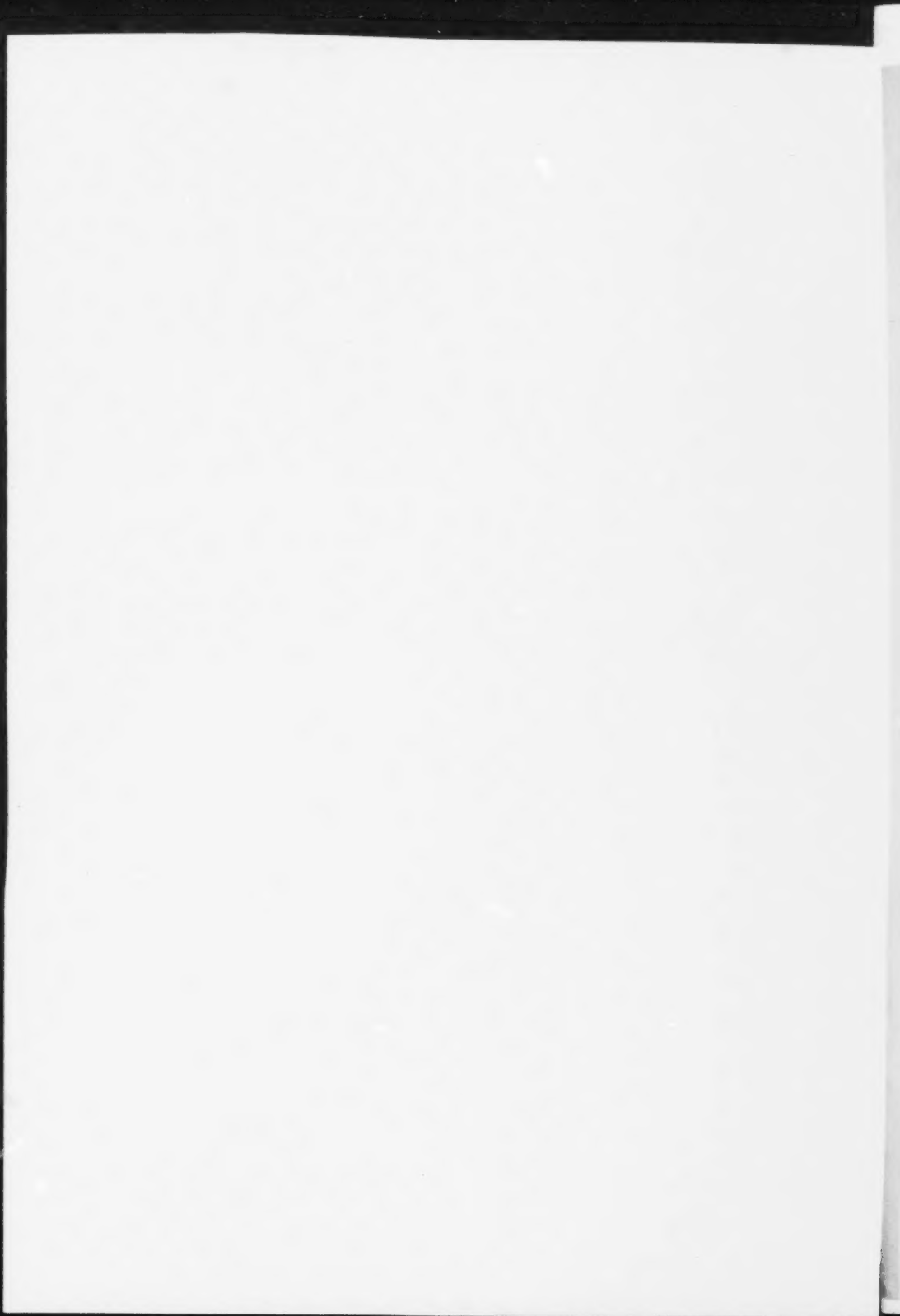
Annual Report
OF THE
Nova Scotia
Alcoholism Research Foundation



1971

QUEEN'S PRINTER





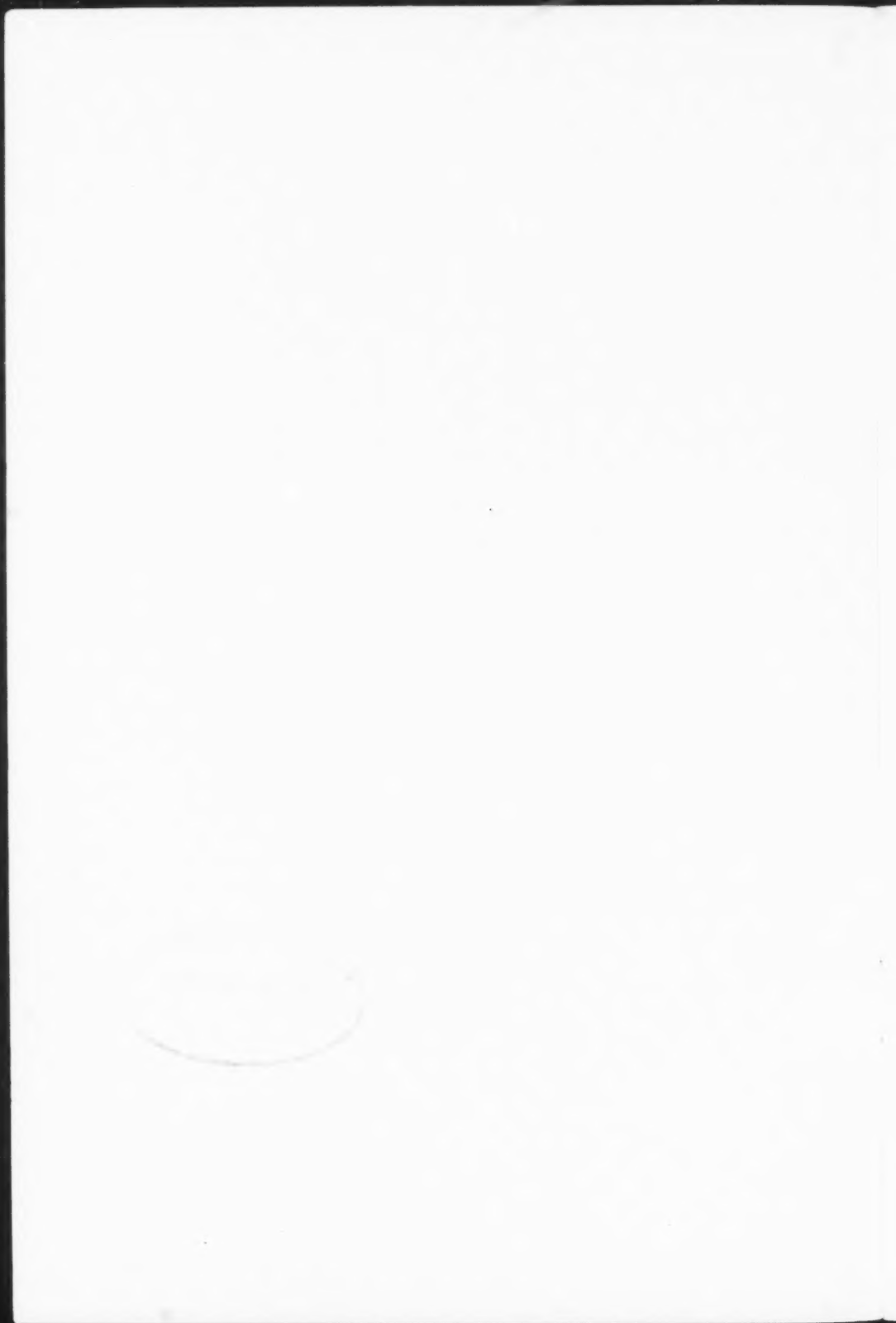
Annual Report
OF THE
Nova Scotia
Alcoholism Research Foundation



1971

QUEEN'S PRINTER





THE HONOURABLE D SCOTT MacNUTT,
Minister of Public Health

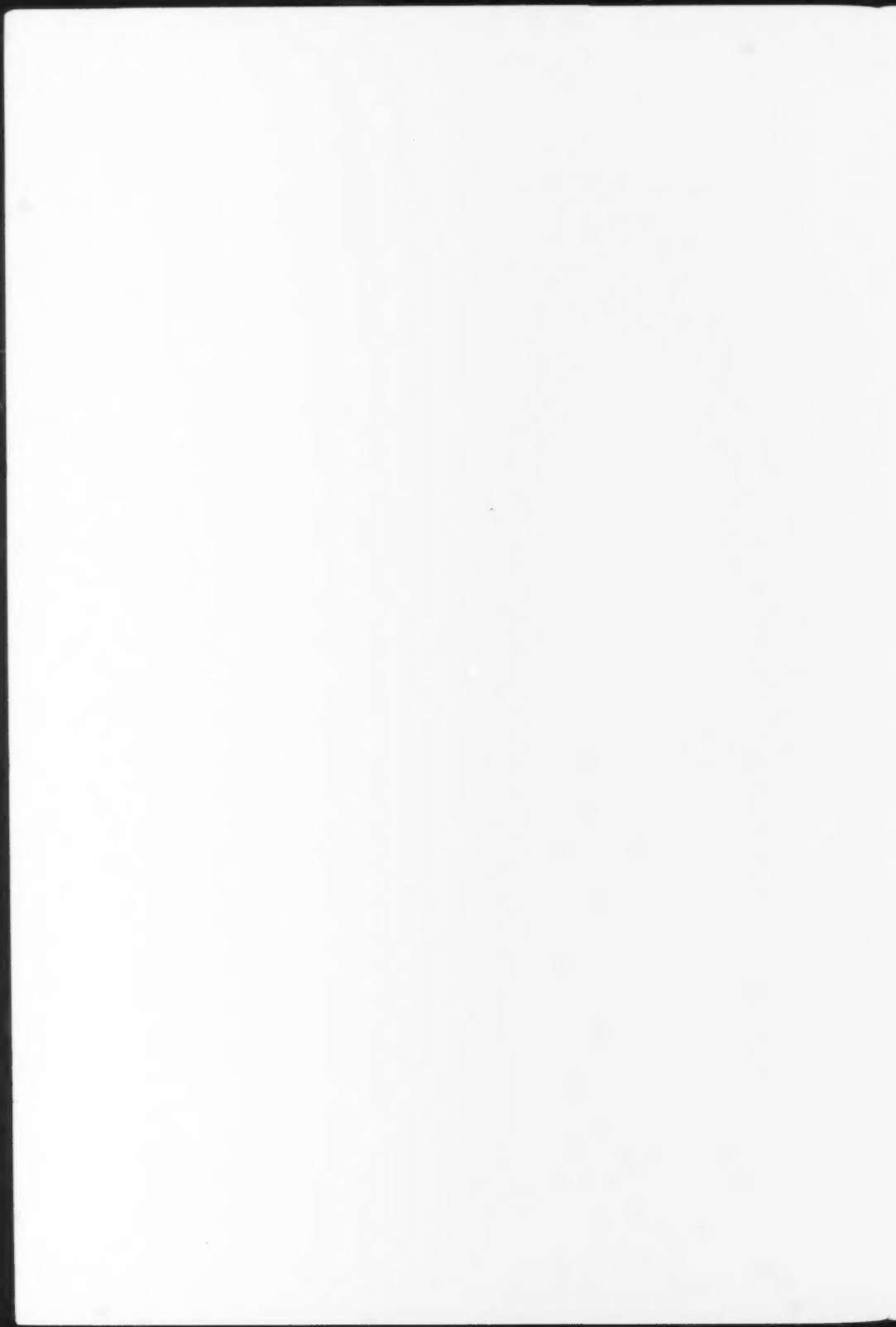
Sir:

I beg to offer herewith the Report of the Alcoholism
Research Foundation for the year 1971.

Respectfully submitted,

ANDREW J. CROOK, R.S.W.

Chairman



NOVA SCOTIA ALCOHOLISM RESEARCH FOUNDATION

NOVA SCOTIA ALCOHOLISM RESEARCH FOUNDATION

1971

MEMBERS

Andrew J. Crook, R.S.W.
Halifax Chairman

Charles M. Harlow, C.D., B.Sc., Ph.D., M.D., C.M., D.Sc.
Halifax Vice-Chairman

John G. Aldous, M.A., Ph.D.
Halifax

Edwin G. Belzer, B.Sc., M.A., Ph.D.
Halifax

Vern Boutilier, A.C.S.W.
Sydney

Selwyn Hopkins, B.A., B.D.
Annapolis Royal

Roderick McNeil, B.A., B.Ed.
Yarmouth

Kenneth R. Nickerson, B.Sc., M.D.
Halifax

Brian Phillips
Halifax

Leslie Stoodley
Halifax

NOVA SCOTIA ALCOHOLISM RESEARCH FOUNDATION

STAFF MEMBERS

Marvin M. Burke, R.S.W. Executive Director

Margaret M. Caswell, (Mrs.), R.S.W.
Halifax Social Worker

Edward T. Fitzpatrick, B.A.
Halifax Field Representative

Madeline E. O'Sullivan, (Mrs.)
Halifax Welfare Officer

Earl D. Ward, B.A., B.D., S.T.M.
Sydney Supervisor

Martin M. Merner
Sydney Field Representative (Industry)

Myrtle M. Burchell, (Mrs.)
Sydney Welfare Officer (Casual)

Brenda M. Whebby
Halifax Secretary

Patricia A. Degg, (Mrs.)
Halifax Clerk-Typist

Gail E. MacDougall
Sydney Stenographer

Helen Lothier, (Mrs.)
Sydney Stenographer (Casual)

Dr. J. Cairns, M.D. Physician (Sessional)

TASK FORCE OPERATIONS

The use of the Task Force Concept is new at the Nova Scotia Alcoholism Research Foundation. In the past standing committees were the rule. However, it would seem that Task Force operations may be more expeditious. The purpose of the Task Force is to accomplish a task which has been set before it by the Foundation. The chairman is always a member of the Foundation with the Foundation Chairman and Executive Director as ex officio members. The composition of a task force may include any number of members from the Provincial community. Upon completion of the job at hand the Task Force is disbanded. This approach allows for broader participation of members of the Foundation as well as citizens at large.

Following are presently established Task Forces and their chairmen:

METROPOLITAN SERVICES Mr. A. J. Crook
..... Mr. Brian Phillips

DETOXICATION - REHABILITATION PROGRAMS
..... Mr. L. Stoodley
..... Dr. J. G. Aldous

TRAINING PROGRAMMES & INSTITUTE Dr. E. Belzer

MEDICAL LIAISON Dr. C. M. Harlow

DRUG ANALYSIS Dr. K. Nickerson

RESEARCH DESIGN & EVALUATION Father V. Boutilier

ANNUAL REPORT 1971

The calendar year 1971 was a year of change for the Nova Scotia Alcoholism Research Foundation. Dr. J. M. Snow, Executive Director, resigned early in the year and Mr. Marvin M. Burke assumed the position in September. During 1971 there was much thought regarding the future role of the Foundation; would it continue as it was already functioning as a clinic, or would there be changes in function and scope? Some of these questions have now begun to be answered and will be dealt with in a later portion of this report. What follows is a summary and partial evaluation of the year's activities.

The year 1971 has seen a drop in registration and attendance of patients at the Halifax office with a slow but steady increase of same at the Sydney office, (see statistical data). There has been some question as to the reason for the decrease at the Halifax office and in part, there is some evidence to suggest that the utilization of a doctor for less than full time may have produced this manifestation. However, it should be noted that the Sydney office does not have the services of a doctor on the premises. If, however, it is true that a doctor on the premises increases the attendance of patients then there must be some questions raised as to the actual role of a doctor:

1. Is it possible that the image and status of a doctor provides "Security" for the patient?
2. Does the practice of dispensing of medications have something to do with attendance and if so have we in effect created a dependency situation for people?
3. What is the role of the doctor and of the use of medications in treatment and rehabilitation?
4. How effective has the role of counselling been?
5. What is effective counselling?
6. What services are required for adequate treatment and rehabilitation?

At the present time the Foundation has obtained the services

of Dr. Joseph Cairns on a sessional basis of two half days per week. Dr. Cairns provides a peripheral physical examination of the patient which includes blood pressure, heart and weigh-in. He further spends time in offering medical counselling and prescribes such medications which he feels are necessary. The one medication which is constantly in use is Antabuse. Again the question arises as to the value of Aversive chemo therapy and, if there is value, then should not such dispensing be done throughout the Province in Out Patient Departments of General Hospitals? This in turn raises the question of General Hospital use and training for hospital staffs as well as other professionals.

Research

Very little research has been carried on by the Foundation. During 1971 there were no monies granted to research projects. In the past any such Research has been of the extra mural type in Behavioral psychology and pharmacological investigation and as far as can be ascertained, there has been little or no application of the results of same. In effect, the use of the word "research" in the Foundation's name is not at this time appropriate; further references to research will be found in a later portion of this report.

Education

The Foundation's role in education has been a varied one. Literature and information has been distributed upon request, staff members have spoken to many groups, the Foundation has offered Summer School Scholarships to the course on Alcohol studies at Rutgers University, Community committees have been formed and involved in self-education programs and contact has been made with Industry offering them a program for workers and management alike. This latter program has been an activity primarily of the Sydney and Cape Breton office.

While all of the above has had some partial positive results, there has nevertheless been problems with the overall inactivity of the Foundation program. Part of this is certainly due to budget restrictions and part to the lack of clear and concise goals which are actively attained by a strong de-centralized community organization program. In effect the Foundation, while generating some enthusiasm on the one hand, has squelched the meeting of needs on the other by

lack of response to expressed need and inability to interpret to government the tremendous need for support, as well as the terrible toll taken by drug dependency.

Another aspect which has not been dealt with is the whole area of "the meaning of education", methods and techniques in communication, training of other professionals, focus on curriculum for both the training of young people and of professionals as well as the development of a strong program of media utilization.

The above also holds true in the area of community organization. While ten Community Committees have been formed most of their efforts have gone for naught because of Foundation inability to support their requests with action. It must be noted here that one is most amazed at the patience of these groups. Recognition should be given to Mr. E. T. Fitzpatrick, Field Representative, for his role in the maintenance of these groups. These very same groups, however, have added to their own storehouse of knowledge and now may form the nucleus for the development of more broadly based regional steering committees.

Another aspect of Foundation work is its involvement in the field of general drug dependency. This would include both alcohol and other drugs. This matter is also dealt with in a later portion of this report as is the matter of a new name for the Foundation. A name which will more truly represent the work of such an organization.

The Maritime School of Social Work of Dalhousie University

Starting in September of 1971 the Foundation was accepted as a field agency for the placement of students training for social work at the Maritime School of Social Work of Dalhousie University. The field unit is composed of 7 students (3-1st year and 4-2nd year) and is supervised by Mr. John Rose, a field instructor with the Maritime School of Social Work of Dalhousie University.

The function of the students at the agency is to investigate the need for follow-up treatment of those who use the Halifax Drug Crisis Centre and the Alcohol ward S-6 at the Nova Scotia Hospital. It is hoped that this group of students will be able to prepare recommendations for further action by the Foundation in the above mentioned areas. As well as this, it is the role of the agency to provide

these students with learning experiences in all aspects of social work.

September 1971 also saw the Foundation involve itself in Drug abuse work. The Foundation has taken primary responsibility for coordination of the Halifax Drug Crisis Centre and is working in this area with the V. G. Hospital, The Maritime School of Social Work, Volunteer Nurses, lay people and the street culture.

Summary

Generally speaking, the Foundation has involved itself in as many facets of work and interest as possible considering legislative, budgetary and staff limitations. However, this involvement is not sufficient to begin to deal with the problems of Drug Dependencies.

Executive Director's Report

Herewith the Foundation offers the Executive Director's summary report after four months on the job. This report along with the working paper on the reconstruction of the Nova Scotia Alcoholism Research Foundation (to be found in another portion of the annual report) should act as guidelines for the future role of the Foundation.

An evaluative look at the present caseload being worked with by the Foundation clinic, shows that to date - 9½ years into the work of the clinic approximately 1,749 different patients have been seen, of this - 329 have been seen by the Sydney Office of the Foundation. This is not a large caseload and one must wonder whether or not the Foundation has been able to respond to the Province as a whole.

This also raises the question "Just how many alcoholics are there in the Province?". Again - no real answer. One figure was obtained by the Commission which recommended the setting up of the Nova Scotia Alcoholism Research Foundation in 1962 - the figure then was approximately 6,500. A more recent figure (Parke Davis patterns of Disease 1970) suggests there are approximately 18,000 alcoholics. Even this figure is questionable. And talking about studies, although the Nova Scotia Alcoholism Research Foundation uses in its title the word "Research" - there has been very little research done that has been utilized in application to programs. This suggests that the use of the word "Research" is a misnomer.

In general administration which includes the operation of the Foundation, its clinic, staff function and general programs - it has been noted that

1. Medications on hand for clinical use were not inventorized.
2. Staff morale was extremely low and fragmented.
3. No clear or organized filing system existed.
4. Of existing patients coming to clinic, there is a 40% dropout.
5. Facilities are cramped and inaccessible to those who need help.
6. The general public (Halifax-Dartmouth area) were unaware of the location of the Foundation offices or in some cases, its existence.
7. That any programs that were being carried on were merely of a stop-gap nature (e.g. 10 Community Committees formed - Budget last year to help those Committees was \$200.00 or \$20.00 per, as to the present budget of \$1,000.00 - as of the end of July only \$4.88 had been expended).
8. Regional Communities frustrated and in some cases hostile to Foundation because of inactive programs.
9. Sydney office more advanced than Halifax office - and operating almost as a separate entity apart from Foundation.
10. Discontent amongst some staff.
11. Drop off in monthly caseload.
12. Treatment of the alcoholic in regions totally fragmented, and in an official way - non existent.

13. Resistance to working with alcoholics - great throughout the Province.
14. Public attitudes - narrow and negative (Puritan Ethic).
15. Utilization of Private and Public agencies very poor.
16. Great resistance to involvement with drug work (lots of rationalization).
17. Definite potential in all Communities amongst adults and younger people for strong organization.
18. Resources exist - but must be integrated.
19. Very great need for program of education and for training or retraining of professionals.
20. Previous and present budget inadequate to meet need.

What has been wrought from all of the above and from experience and knowledge available is:

1. Alcoholism and Drug Dependency are illnesses which are symptomatic of other dysfunctions within the individual, his family, his peer group or society.
2. That those suffering from such illnesses have a right to treatment at the local level - or, if you wish, as close to same as possible.
3. That treatment must consider the individual as a totality and therefore must treat not only the symptoms but the causes as well.
4. That such treatment must be integrated so that the individual does not find himself or herself fragmented by a plethora of different workers and agencies and having to relate to each one - but rather to one or two helping professions or a team.
5. That because society seems so crisis orientated - we

tend to do little about prevention and little about after-care.

6. That any and all programs created by the Foundation must be on a collaborative basis with regional and community groups and that such programs must be considered merely as a demonstration of what can be accomplished. Implicit in this is the need for a built-in research or evaluative component which functions on an on-going basis.
7. That the Foundation must take the lead in getting organization started and programs begun through a "grants-in-aid" or "assistance to Communities" programs and that this program by its very nature is tentative. The Foundation must relate itself to other Departments including the Department of Public Health for the maintenance of such programs after their value has been proven. This approach is the only viable one and takes into consideration the economic system and the need for an effective system of delivery of services.
8. That the Foundation must act as "Primary Source of Information, Skills, Funding and Consultative Services".
9. That a major program of Prevention be developed.
10. That the Foundation requires a major budgetary expansion in order to begin the aforementioned programs in response to expressed needs.

More specifically - there are needs for demonstrations of

1. Detoxication Programs (acute stage)
2. Half-Way House programs (Primary Rehabilitation)
3. Rehabilitation of chronic alcoholics (long term)
4. Utilization of OPD's in General Hospitals for on-going treatment and rehabilitation.
5. Utilization of Community Private and Public agencies for

out-patient services.

6. Development of short-term treatment centers for employable alcoholics (these centres might also provide OP Services).
7. Development of Drug Crisis Centres in OPD's which have responsibilities for education as well as treatment through a reach-out program into homes.
8. Retraining programs for professionals (doctors, nurses, hospital staff, social workers, clergy and teachers).
9. Training programs at educational level for teachers, Social Workers, Doctors, Nurses, Psychologists, Sociologists, Anthropologist, etc., and an in depth look at present school curriculum as it affects students and prepares them for life.
10. New techniques in Prevention as well as early diagnosis.
11. New or amended legislation re Treatment of alcoholics, e.g., Sec.85 Liquor Control Act
12. Regional organizations of Province - as follows:
 - a. Cape Breton Island
 - b. North Shore (Guysborough, Antigonish, Pictou, Colchester, and Cumberland Counties)
 - c. Metro (Halifax County)
 - d. Central (Hants, Kings, Lunenburg, and Queens Counties)
 - e. Western (Shelburne, Yarmouth, Digby, and Annapolis Counties)
13. More assistance from Federal government by way of special grants.
14. The Foundation must approach the problem of Drug Dependencies as a symptomatic manifestation of multi-varied dysfunctions. As such, there must be a place and role for many treatment modalities. However, what is even more important is prevention. Every effort must be made

to look at life-styles in the Province to attempt to determine their impact on the human growth and development of people. There must be investigation into family and peer life, the method by which people reduce tensions, techniques used to cope with life stresses, and the manner by which people seem to develop or have a predisposition to dependencies in general. Further investigation should be carried on in the area of the Biological Sciences to determine the possibility of genetic impact on predisposition to drug dependencies. It would seem that the Foundation should consider a new name for it must deal with life and life styles as well as drug dependencies; this name must communicate that fact.

15. An on-going evaluation of all of the above - with an awareness of the need for flexibility and no fear of failure - since within this context, failure may very well be the beginning of success.

Following is the report of the Sydney office of the Foundation and thereafter statistical data for 1971. The remainder of this report will deal with the guidelines for the reconstruction of the Nova Scotia Alcoholism Research Foundation.

The Sydney Office of the Nova Scotia Alcoholism Research Foundation was opened on June 15/70 and has therefore been in operation for 18½ months. The operations of this office have focused on a cooperative and collaborative approach to working in and with the community. This may be noted in the outline of the office activities for 1971.

The Sydney office has pioneered in two very important areas of work in alcoholism and drug dependency. First in the field of Industry and Business and secondly in the beginning of an approach to group counselling.

Both of these areas have shown some results but need much further development and broadening.

SYDNEY OFFICE ACTIVITIES - 1971

1. Patient and Family Counselling.

Persons and family members were seen on an individual, couple, and group basis, in which staff members frequently did "team" counselling with films, tapes, discussions, group meetings. Appropriate letters were sent to persons while in the Alcoholism Unit, following discharge, for missed appointments, and after considerable lapse of contact with the Centre. Letters went to family members, and a Christmas letter to all persons and families registered.

2. Relationship with Alcoholism Unit, N. S. Hospital.

In addition to the 63 persons referred to the Unit, 46 others made follow-up visits to the Centre on the Unit's recommendation following discharge. Regular consultations were held by phone and letter with the Unit staff on patients and family members.

3. Work with Industry.

- (1) The policy of "constructive coercion" was adopted by the Sydney Steel Corporation, Cape Breton Development Corporation (DEVCO), Maritime Telegraph and Telephone Company, Department of Transport (Sydney Airport), RCAF Station, Adult Vocational Training Centre, Post Office, Canadian Legion, with 25 employees on a program of weekly visits to the Centre. Already a noticeable difference has been noted in the rate of absenteeism, sick leave, and overall job performance. Management and Union in other industries and companies are considering similar program implementation.
- (2) Discussions have been held with Management and Union personnel and others in the Port Hawkesbury area on such alcoholism programs for the growing industrial complex.
- (3) Two 5 session workshops on Alcoholism in Industry were carried out, with a continuing series planned for 1972.

4. Courts, Probation Services, County Jail.

Joint Counselling with 42 alcoholics and family members was carried out with staff of Family Court and Adult Proba-

tion Services. Weekly sessions were begun with inmates of the County Jail.

5. Talbot House

Weekly individual and group sessions were held with the twenty or more residents of Talbot House, with film, tapes, and group discussions, and job and family counselling.

6. Area Clinic Outreach.

Counselling Clinics have been set up in Glace Bay, Sydney Mines, and New Waterford, and Family and Welfare Services and various other persons have been involved in joint counselling, and further is needed on this in 1972.

7. Cape Breton Hospital.

Individual and group counselling was begun with alcoholism patients and educational sessions were held with Hospital staff. An increasing number of persons have been accepted by the Hospital as "detainments" for next-day admissions to the Nova Scotia Hospital.

8. Cape Breton Mental Health Centre.

A number of persons in counselling with us have been followed by the Mental Health Centre in Sydney and surrounding towns, and mutual discussions as to management and follow-up have proved helpful.

9. Alcoholics Anonymous and Al-Anon.

Close cooperation was established with A.A. and Al-Anon groups in the area, regular attendance at these is strongly recommended to all persons and family members as part of the recovery program. The great majority of persons registered are associated with A.A. A large supply of A.A. and Al-Anon literature is kept on hand for distribution, and the "Grapevine", "Family Forum", and a number of A.A. tapes were used regularly in counselling sessions.

10. Education in the Community

Sessions were held with groups of student nurses from the general Hospitals, Cape Breton Hospital staff members, public health nurses, social and welfare workers, and Junior and High School students, with relevant literature distributed. One Clergy workshop was held upon request, and radio and television programs were arranged.

The major community response of the Sydney Office for the first 18 months was from persons and family members with alcohol and related problems, and the numbers have been comparatively large. For the present staff to carry out further outreach in community education, a broader involvement of key persons and agencies will be necessary.

11. A Proposed Plan for Treatment Facilities.

The following recommendations for treatment facilities for persons in Cape Breton suffering from alcoholism and Drug Dependency are based on the emerging picture of the extent of the problem. This program may take some three to five years to fully implement but a start must be made now.

- (1) 25 - 30 beds for detoxication purposes.
- (2) Expanded facilities at Talbot House so that it can support the new set-up as a half-way house. This would include expanding the number of beds available to 25 - 30 and the addition to staff of a group therapist.
- (3) 25 - 30 beds in a short-term treatment centre with provision for
 - A. Lectures, films, group and family therapy, etc.
 - B. Provision in such a treatment centre for facilities for out-patient follow-up care and counselling for individuals and family members.
 - C. Office space in this facility for Canada Manpower, Family Services, Municipal Welfare Agencies, Social Workers, and Nurses dealing with individual or family

problems associated with alcoholism and drug dependency and who may provide part-time supportive services.

- (4) Investigation of the need for a long-term, in depth, therapeutic sheltered workshop program for the chronic alcoholic.
- (5) Development of a Cape Breton Youth Council to examine, plan and implement new ways of aiding youth to avoid the problems of drug dependency through positive and inovative programs.
- (6) A coordinated and integrated program for the Cape Breton Region which will provide early diagnosis, referral, treatment and follow-up in such areas as Port Hawkesbury, Baddeck, Inverness, Louisburg, and Ingenish as well as Sydney and Glace Bay. This should be done in cooperation with other agencies and departments of government and does not necessarily necessitate the opening of new offices.
- (7) A major program which is focused on prevention.

HALIFAX OFFICEANNUAL REPORT OF ALCOHOLISM CLINIC STATISTICSPERIOD COVERED: JANUARY - DECEMBER 1971Patients Registered

No. of patients registered during year (M-184, F-17)	201
No. of old patients returned	173
Re-activated cases (6 mos. absence)	171
Total No. of patients seen during year	545

Sources of Referral

Nova Scotia Hospital	8
Alcoholics Anonymous	4
Self Referral	45
Social Agencies	42
Clinic Patients	21
Physicians	13
Clergy	2
Family & Friends	18
Court & Probation	29
Employer	15
General Hospitals	4

Clinic Interviews

Registered Patients	2,824
Family & Friends	275
Miscellaneous	130
Total	3,229

Group Session

Total No. of Sessions	4
Total Attendance	7

Referrals to Nova Scotia Hospital

Voluntary	18
Commitments	"

Visits to Nova Scotia Hospital

No. of Visits	22
No. of persons attending lectures	690
No. of persons interviewed	115

Visits to County Correctional Centre

No. of Visits	6
No. in attendance	117
No. interviewed	24

<u>Pieces of Literature Distributed</u>	10,417
---	--------

SYDNEY OFFICEANNUAL REPORT OF ALCOHOLISM CLINIC STATISTICSPERIOD COVERED: JANUARY - DECEMBER 1971Patients Registered

No. of patients registered during year (M-257, F-4)	261
No. of old patients returned	52
Re-activated cases (6 mos. absence)	28
Total No. of patients seen during year	341
Total No. of patients registered to date	382

Sources of Referral

Nova Scotia Hospital	46
Self Referral	22
Family & Friends	11
Court & Probation Services	45
Social Agencies	15
Clinic Patients	2
Alcoholics Anonymous	7
Physicians	5
Employers	8
Clergy	5
Labour Unions	1
Talbot House	42
Cape Breton Hospital	1
Public Health Nurse	1

Clinic Interviews

Patients	2,738
Families	1,510
Miscellaneous	1,014
Total	5,262

Referrals to Nova Scotia Hospital

Voluntary	63
Commitments	--

Pieces of Literature Distributed

1,959

WORKING PAPER

THE RECONSTRUCTION OF THE NOVA SCOTIA
ALCOHOLISM RESEARCH FOUNDATION

Rationale and Guidelines

Any attempt to respond effectively to the problems of public health that are the consequences of Drug and Alcohol dependencies, must begin with the acceptance of the position that human personality and ultimate behaviour is determined by the results of the interaction between the biological, physiological, psychological, social, cultural, economic and spiritual environments.

It would then follow that any attempt to provide effective responses to the aforementioned problems, must consider methods of integrating and coordinating the forces of those Sciences, Institutions and Organizations which have impact upon the various environments.

A reconstructed Nova Scotia Alcoholism Research Foundation must then commit itself to dealing with a totality as well as with a fragment; the cause as well as the result, prevention as well as treatment.

Consideration, therefore, should be given to changing the name of the present Foundation so that it might provide an understanding of new and more encompassing role.

More definitively, the role of the new structure would be that of a Community organizing body offering consultation, relevant research and cooperative participation in:

1. Primary organization and development.
2. Programs of education and prevention.
3. Demonstrations of treatment and rehabilitation.

Such a body would also act in a catalytic manner so as to have impact on change in policies, programs and behaviour of governments and community institutions which affect human development.

These include the family and the peer group.

Primary responsibility would also be taken to act as a source for information, data and any such materials which could be used in support of all programs.

A reconstructed Foundation would also have the responsibility to provide "grants-in-aid" for the seeding and establishment of such cooperative programs which would have meaning at local organizational levels. Hopefully, the ultimate result would be the continuation of meaningful programs at local levels with administration and funding occurring as part of a normal Community service operation with various inputs from regular supporting outlets.

Following that, the local community and the newly constructed Foundation would together recommend to the government appropriate legislation and extensions to existing government activities within that community.

Primary accountability should lie with the local community. It should be the responsibility of a reconstructed Foundation to collaborate with local communities in an ongoing assessment of policies, utilization of funds, documentation, and overall performance. Ongoing Foundation inputs would be maintained in such areas as results of relevant research, training, and educational data. Other inputs from the local communities to the Foundation would be provided through representation on a Board of Directors, a Professional Advisory Committee and in task force operations.

The ultimate goal of the entire process would be the delivery of service at the local level in response to the problems of cause and effect of Alcohol and Drug dependencies.

The Process of Community Organization

Having described the role of the new Foundation as that of a Community Organizer, we must take a brief look at what constitutes Community Organization. This is most necessary since the process must be well understood in order to gain acceptance, and as well, any comprehensive program which is directed to the reduction and prevention of Alcohol and Drug problems requires basic Community organization in order to deliver that program effectively.

While the process of Community organization suggests the sending of an external agent into Communities (e.g. Foundation Community Consultant visiting cities, towns and villages). The key is not to superimpose new and independent programs throughout the Province; but rather to make contact with local concerned citizens and groups who wish to meet and deal with local problems.

The first step after contact is to attempt to define the problem and its magnitude. Following upon this, the next effort is to aid local groups to assess the local resources in terms of size, availability, interest and potential utilization. This would include Hospitals, Churches, Clinics, Organizations and People. People would mean parents and families as well as professionals.

Plans would then be made for local discussions and decisions re approaches and problems and programs. To this point, the Foundation input could be through its Division of Community Consultation; utilizing, organizing skills and relevant data obtained from research locally or elsewhere. In the planning process such things as cost and utilization of local resources would be of prime importance as well as Broad local representation on planning groups and a setting of Priorities.

Foundation input could be provided through seeding grants, information, educational materials, training programs, treatment and rehabilitation techniques, media utilization and demonstration programs. As an example, the new Foundation would construct a Provincial Drug and Alcohol information service which would be available to all local communities and which will function as a library.

Final planning would include development of Administration at the local level, plans for ongoing documentation and assessment, and actual granting of seeding funds. Also included would be mechanisms for continuous Feedbacks and two-way Communication between Community and Foundation and, of course, implementation of programs. Thus, the Community Organization process would be complete and work begun to deal with problems of dependency on Alcohol and Drugs.

In the broad field of education, the new Foundation would take responsibility for the training of Educators at all levels so that the process would be complete at the school level. Ongoing full-time liaison with the Provincial School system would be maintained through the Division of Education and Prevention.

Thus ends our Annual Report for 1971. We feel that the end however is but the beginning of a new era in the work of the Nova Scotia Alcoholism Research Foundation.

Our Executive Director has provided us with the Guidelines for the attainment of goals which may have great impact upon our entire Provincial community; goals which rightly go beyond the realm of mere response to crisis - but that focus sharply on the very fabric of life in this Province and of its impact upon the mental and physical health of our people.

The members of the Foundation stand firmly in support of these goals. But we would strongly note that little can be done without financial and legislative support of the government. Nor can we begin to do the job unless there is a conscious effort made to integrate the many resources and strengths within this Province. For too long now we have fragmented our approach to the matter of seeing to a human's needs - change must come if we truly believe that we are accountable for the growth and future development of our citizens.

